

Exhibit F

Claim Form

(Pages written in Greek have been redacted in their entirety for confidentiality.)

Case 7:23-cv-07905-PMH Document 1-6 Filed 09/06/23 Page 2 of 23

From: Alyshatriantafillou@gmail.com <Alyshatriantafillou@gmail.com>
Sent: 26.01.2023 08:29:43
To: NOC Claims
Subject: RE: #SECURE# MR. IOANNIS TRIANTAFILLOU
Attachment: Claim life insurance .pdf; Claim 2.pdf; Death certificate .pdf; Driver's license .pdf; Nikolaos Rentoulis Obituary (1955 - 2021) _ Mahopac, New York.pdf; Dina Rentoulis Obituary (1963 - 2021) _ Mahopac, New York.pdf; Affirmation and Affidavit of Publication (filed).pdf; Order (signed).pdf; Death certificate and statement of surviving children .pdf

EXTERNAL EMAIL (Outside EQH Network): Use caution with links and attachments.

To whom this may concern, Attached to this email is the claim of life insurance benefits of my father Ioannis P. Triantafillou, the obituary of Nick and Dina Rentoulis, the death certificate, my photo ID, proof of name change, and the statement of surviving

children. Thank you again for your assistance. Sincerely, Alysha Triantafillou 914.536.2722

From: NOC Claims
Sent: Wed, 4 Jan 2023 16:28:34 +0000
To: alyshatriantafillou@gmail.com
Cc:
Subject: #SECURE# MR. IOANNIS TRIANTAFILLOU

Dear Alysha Triantafillou,

We would like to extend our sincerest condolences on the loss of Mr. Ioannis Triantafillou. We understand how difficult losing a loved one can be.

To better assist you, we are pleased to provide you with the enclosed administrative form, which you recently requested. The requirements needed to process the claim are as follows:

- Surviving Children's Statement to be completed and signed by one beneficiary (**please note a wet signature is required**)
- Certified Death Certificate for Mr. Ioannis Triantafillou.
- Copy of the Death Certificate or obituary for Mr. Nikolaos J. Rentoulis and Dina Rentoulis.

Please return the necessary documentation within 20 days, if possible. You may return the forms to P.O. Box 1047, Charlotte NC 28201. Forms may also be faxed to 855-268-6373 or may be emailed in PDF format to nocclaims@equitable.com

Also, please send proof of any name change since recording of the beneficiary designation (*copy of marriage license or drivers license showing current name*), if applicable.

If you have questions or need assistance in completing these requirements, please contact us toll free at **1-800-777-6510**. Assistance is readily available Monday through Thursday 8:30 a.m. to 7:00 p.m. Friday 8:30 a.m. 5:30 p.m. (Eastern Time). We invite you to visit our website <https://equitable.com/customer-service/beneficiary/forms-equitable-life>. The **Filing a Claim** section includes frequently asked questions and printable forms available for download.

Notice to those residing in the state of Illinois:

The state of Illinois requires us to notify you that if proceeds of the policy are not paid within 31 days after receipt of due proof of loss, interest will be paid at the rate of 10% from the date of death to the date of payment. The Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this claim up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave., 19th Floor, Chicago, IL 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.



p. (800) 777 6510
www.equitable.com
Sean.Davis@equitable.com



(NY, NY), Equitable Financial Life Insurance Company of America, an AZ stock company with main office and headquarters in Jersey City, NJ, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN).

This message and any attachments may contain legally privileged and/or sensitive information. Any unapproved disclosure, use or dissemination of this e-mail message or its contents, either in whole or in part, is not permitted. If you are not the intended recipient of this e-mail message, kindly notify the sender and then securely dispose of it.

**EQUITABLE**

Equitable Financial Life Insurance Company
 Equitable Financial Life Insurance Company of America
 Equitable Financial Life and Annuity Company
 Equitable Financial Life Insurance and Annuity Company (CA)

Life Insurance

Claim to Life Insurance Benefits

A Message to our Beneficiaries

On behalf of Equitable Financial Life Insurance Company and Equitable Financial Life Insurance Company of America (EFLOA) please accept our condolences for your loss. We realize that this is a difficult time for you and your family and we are here to help. If you have questions in completing this form, contact your Equitable Advisors or Equitable Financial Advisors (MI & TN) or call Life Operations at **1-800-777-6510**. You may also visit our Beneficiary Resource Center at <http://www.equitable.com/customer-service/beneficiary/overview.html> for support and resources.

Return:

Express Mail:

Equitable Financial Life Insurance Company
 Life Operations
 8501 IBM Dr, Suite 150
 Charlotte NC 28262-4333

Regular Mail:

Equitable Financial Life Insurance Company
 Life Operations
 P.O. Box 1047
 Charlotte, NC 28201-1047

Toll-Free Fax Number:

(855) 268-6373

For Assistance:

Call:

(800) 777-6510
 Monday - Thursday:
 8:30 A.M. - 7:00 P.M. EST
 Friday: 8:30 AM to 5:30 PM EST

Completing this Form

Each beneficiary claiming benefits is required to complete a form and any additional forms requested. Photocopies of this form are permitted. This form is supplied by the Company without prior verification of coverage and without any assurances made by the Company to the recipient that he, she or it will be the appropriate payee or beneficiary of such benefits. Please provide an original certified copy of the death certificate. Please note that pages 5 and 6 are for your information and do not need to be returned to our office.

Provide Information about the Deceased

Please print clearly or type. List all policy numbers. Provide the original policy or mark the box indicating it has been lost.

Policy Number(s) (Required):

☐ Lost 6693

☐ Lost

☐ Lost

☐ Lost

Deceased's Name: IOANNIS PANAGIOTIS TRIANTAFIDOU
 First Middle/MI Last

(Please list all names by which the Deceased may have been known).

1955 1955
 Date of Birth (mm/dd/yyyy) Social Security Number xxx-xx-xxxx

11/29/2022 TRIPOLI, Arcadia, Greece Cardiorespiratory Arrest, PARKINSON'S
 Date of Death (mm/dd/yyyy) Place of Death (City, State) Cause of Death

Address: 151 S. Highland Avenue Apt. 7H
 Number and Street Apt. / Suite / Floor

Ossining NY 10562
 City State Zip Code

Policy Number(s): 6693**Provide information about Yourself as Beneficiary. This entire section must be completed.**If the primary beneficiary is deceased, include his or her: Mr. Niklaos J. Rentoulis and Dina Rentoulis
NameDate of Death: 04/29/2021, 06/05/2021
(mm/dd/yyyy)I am claiming as: ☒ An Individual ☐ On behalf of an Estate ☐ On behalf of a Minor
☐ On behalf of a Corporation ☐ As a Trustee ☐ Other EntityAre you the spouse of the Deceased? ☐ Yes ☒ NoIf no, your relationship to the Deceased? Daughter

- If you are submitting a claim as the SPOUSE of the Deceased, then you represent to the Company that (i) you were lawfully married to the Deceased at his/her death; and (ii) no divorce or annulment had been granted or issued to dissolve your marriage; and (iii) no marital agreement (i.e., prenuptial, postnuptial separation, property settlement or marital property agreement) precludes, prohibits or impairs your right to make this claim.
- If you are submitting this claim as a FORMER SPOUSE of the Deceased, then you represent to the Company that the terms of your divorce decree, decree of annulment or property settlement agreement do not disqualify you as a beneficiary and you have no reason to believe that you are otherwise disqualified.

Are you the sole beneficiary? ☒ Yes ☐ NoAre you a U.S. Person? ☒ Yes ☐ No (If no, W-8 BEN form is also required).Please indicate if form IRS 712 is needed for the estate tax return: ☐ Yes ☐ NoAlysha Marie Triantafillou
Your Name as Beneficiary (First, Middle Initial, Last) OR Corporation, Trust or Estate Name, if applicable2644 HEMLOCK FARMS
Street Address (if mailing address is a PO Box also supply a street address).Woods Valley PA 18428
City State Zip CodeYour Date of Birth: 1988
(mm/dd/yyyy)

Social Security Number:

Federal Taxpayer Identification Number:

XXX-XX-XXXX

or

XX-XXXXXXX

Daytime Phone Number: 914 570-257-0149
XXX-XXX-XXXXMobile Phone Number: 914-536-2722
XXX-XXX-XXXXEmail Address: AlyshaTriantafillou@gmail.com**Income Tax Withholding (Qualified Retirement Benefit Plans Only)**

- ☐ I elect NOT to have Federal (and state, if applicable) Income Taxes withheld on the taxable portion of my benefits.
- ☒ I elect to withhold Federal (and state, if applicable) Income Taxes from the taxable amount of my benefits.

Caution:

There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. For more information please see Publication 505, Tax Withholding and Estimated Tax, available at www.irs.gov.

Policy Number(s): **6693**

Please be advised: Due to IRS implementation of the Foreign Account Tax Compliance Act (FATCA), taxable disbursements made to entity (business, trust or estate) owners/payees may be subject to 30% withholding if proper documentation is not on file. Proper documentation is considered to be a properly completed and signed IRS Form W-9 for domestic entities. Foreign entities are expected to submit a properly completed and correct type of IRS Form W-8. In the event proper documentation is not on file with Equitable & EFLOA, we will withhold the required 30% upon disbursement. For further details regarding the FATCA rules and regulations and how disbursements may be affected, please contact your tax advisor.

Payment Options

☒ **Lump Sum Check**

☐ **Access Account provided by Equitable or EFLOA**

The Access Account is not available if:

- The policy is an Equitable Financial Life and Annuity Company/Equitable Financial Life Insurance and Annuity Company (CA) policy.
- The proceeds payable to the beneficiary are less than \$10,000.
- The beneficiary does not have a Social Security Number or Federal Tax identification Number.
- The beneficiary is one of the following: minor, corporation, partnership, tax-exempt entity, estate, trust with more than two trustees, represented under a power of attorney, or resides outside of the U.S.

An Access Account is a retained asset account. If you are the beneficiary of an Equitable policy then your retained asset account is known as the Equitable Access Account. If you are the beneficiary of a EFLOA policy then your retained asset account is known as the EFLOA Access Account. If you elect this payment option, the settlement of your claim will be made through delivery of a draft kit to you. Please see pages 5 and 6 for additional information.

☐ **Settlement Option - Special Payment Plan Election Form required** - Pay any part or all of the proceeds into an option with any balance being paid under the other payment option chosen above. If choosing a Settlement Option, please choose one of the three options below.

- ☐ **Interest Option** - This is an interest-bearing contract.
- ☐ **Installment Option** - Pays your proceeds plus interest in annual or more frequent installments for a period you select or in an amount you select.
- ☐ **Life Income Option** - Pays you a guaranteed income for life.

Additional descriptions of these options and eligibility requirements are provided with our election forms. To obtain election forms or more information about your payment options other than a lump sum, including our current rates of interest and estimates of income you can receive, call 1-800-245-1230.

Payment Delivery Options

☒ I request delivery by mail to me.

☐ I request and authorize delivery by an Equitable Advisors/Equitable Financial Advisors (MI & TN)

Name of Financial Professional – Please Print

Policy Number(s) 6693**Please Read and Sign Here**

By signing below, I affirm that I have read the appropriate State Fraud Warning for my state of residence and that I provided my correct Taxpayer Identification or Social Security Number on page 2. (New York State Residents need to also sign the New York State Fraud Warning on page 4.) If the Taxpayer Identification or Social Security Number is not supplied, the interest may be subject to federal and state withholding. Under the penalties of perjury, I certify that the information supplied on this form is true and complete, that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding and that I am a U.S. Person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I affirm that my mailing address listed on page 2 is not that of a Financial Professional.

Signature: Alysha M. Truntafillon 01/18/2023
Beneficiary's Signature (or other duly authorized signature and title) Current Date (mm/dd/yyyy)

Alysha Marie Truntafillon
Print Name of Person/Party Signing

State Fraud Warnings**New York Fraud Warning:**

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

NY STATE RESIDENTS READ AND SIGN ONLY: I have read and understood the New York State Fraud Warning.

Signature: Alysha M. Truntafillon 01/18/2023
Beneficiary's Signature Current Date (mm/dd/yyyy)

Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, Texas, West Virginia: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties, including fines and confinement in prison.

Alaska and New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Florida, Idaho, Indiana, and Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia, Maine, Tennessee, Virginia and Washington: WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines or a denial of insurance benefits.

Kentucky and Pennsylvania: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

State Fraud Warnings (continued)

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon and All Other States: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement that is material to the interests of an insurer may be guilty of insurance fraud.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other Important Information**Access Account Information** (Pages 6 - 7 do not need to be returned with the Claim form.)**Helping Meet Your Financial Needs**

The Access Account can help you address both short- and long-term financial needs. With the Equitable or EFLOA Access Account you can withdraw funds to cover your immediate expenses, and at the same time, use it toward your future financial needs.

How The Access Account Works

If you so elect, Equitable or EFLOA will pay all or some of your life insurance proceeds through a convenient Access Account. The Access Account is a draft account established in your name and works in certain respects like an interest-bearing checking account. However, please keep in mind that you may only withdraw from the account. You may not make deposits into the account.

Benefits of The Access Account

With the Access Account, you can write one draft at any time to access the entire proceeds (including interest) or any remaining balance in the account. You may leave the funds in the Access Account and continue to earn interest. You can order additional drafts by sending in the form included in your draft book, or you can simply call our toll-free number: 1-866-494-4265.

You may withdraw any amount up to your balance, with a minimum draft amount of \$250, and may write an unlimited number of drafts. There are no fees for drafts, draft-clearing, or monthly draft accounting services. The Access Account will be charged a fee of \$25 for any stop payment order, if any draft is returned unpaid, or if you request a wire transfer of funds. Express mail fees are \$15 for Monday through Friday delivery and \$22 for Saturday delivery. The bank will retain cleared drafts for seven (7) years. Currently, Access Accounts are established and banking services provided by The Northern Trust Company, P.O. Box 92987, Chicago, IL 60675-2987, toll-free number (866) 494-4265. Access Accounts are subject to the rules of the bank.

Designating a Beneficiary

We encourage you to exercise your right to designate a beneficiary or beneficiaries to receive the balance in your account in the event of your death. Simply fill out the form on the back of the Supplementary Contract that you will receive after you elect the Access Account and send it to the address on the form. If you do not designate a beneficiary for your funds, your estate will be the beneficiary. Please note that we cannot accept a beneficiary that is one of the following: minor; corporation; partnership; tax-exempt entity; estate; trust with more than two trustees; represented under a power of attorney; or resides outside the U.S.

Earning Interest on Your Proceeds

With the Access Account you have the flexibility of using your proceeds while earning interest from the very day it is established. Equitable or EFLOA will set the interest rate periodically, based upon our discretion and a review of current market interest rates. We reserve the right to change this procedure. The interest rate we apply will not be less than 0.25%. Interest is earned from the date the Access Account is established until the date the account is closed, compounded daily and credited at the end of the month, at which time we will mail you a monthly statement. Interest credited to the Access Account and the applicable rate will appear on your monthly statement. The monthly statement also shows withdrawals and any other financial activity on your account. Interest earned may be taxable. An IRS Form 1099 will be issued annually for any interest credited to your account. Choosing an Access Account or other payout options may have tax implications. We recommend that you consult a tax advisor, an investment advisor, or any other financial advisor regarding your particular circumstances and any potential tax liability.

Other Important Information

The principal and interest accrued under the Access Account are held by and are part of Equitable's or EFLOA's general account. They are not held in a bank or other institution and are not insured by the Federal Deposit Insurance Corporation (FDIC) or other federal agencies. Funds held by insurance companies are guaranteed by the respective state guaranty association. For further information, contact your State Department of Insurance or the National Organization of Life and Health Insurance Guaranty Associations at www.nolhga.com. Equitable or EFLOA will earn income on the funds held in the Access Account.

Equitable's or EFLOA's obligation is satisfied when the total amount of proceeds are deposited into the Access Account. Equitable or EFLOA reserves the right to freeze or take back funds in the Access Account to set off any claim we may have against the account holder. Equitable or EFLOA reserves the right to make changes in the terms and conditions of the Access Account. You will be notified if changes are made.

If the balance in your account should fall below \$1,000 as of the end of the month, the account will automatically be closed. A draft for the balance in the account plus accrued interest will be sent to you at the address we have on our records. Generally, if the Access Account has no customer-initiated activity for a period of one year or more, the account could be considered abandoned property under the unclaimed property laws of your state of residence. Such laws require us to report unclaimed property after a certain period of inactivity and then to turn the funds over to the state. Remember to keep your address current on your account.

For current Access Account interest rate information or to obtain additional information and answers to questions you may have about the Access Account, please call or write to the following: Equitable Financial Life Insurance Company or Equitable Financial Life Insurance Company of America c/o The Northern Trust Company, P.O. Box 92987, Chicago, IL 60675-2987, toll-free number (866) 494-4265. DO NOT SEND CLAIM FORMS TO THE ABOVE ADDRESS.

Louisiana residents – for further information, please contact the Louisiana Department of Insurance at (800) 259-5300, P.O. Box 94214, Baton Rouge, LA 70804

Kentucky residents – FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

West Virginia residents – for further information, you may refer to www.wvlifeqa.org.

Putting Your Proceeds to Work

Whenever you are ready, it is important to think about how to get the greatest possible benefit from your proceeds. Money, like most things of value, needs to be properly cared for. Even large sums of money may disappear quickly unless carefully managed. You may want to consider plans and products available to you as an Equitable or EFLOA beneficiary.

Products and Services to Meet Your Future Needs

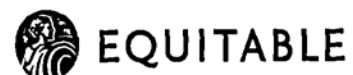
The Equitable family of companies, including Equitable Financial Life Insurance Company and Equitable Financial Life Insurance Company of America and its affiliate, Equitable Advisors, LLC, Equitable Financial Advisors (MI & TN) offer a broad array of financial products to help meet protection, retirement and investment needs. If you are interested in learning more about these products, or have any questions not answered by this booklet, there are numerous ways to contact us.

- Call our toll-free number at (800) 777-6510.
- Write to us at Equitable or Equitable Financial Life Insurance Company of America, PO Box 1047, Charlotte, NC 28201-1047.
- Log in to our Beneficiary Resource Center at <http://www.equitable.com/customer-service/beneficiary/overview.html>, where you can search for a financial professional and find other useful information.

The Equitable or EFLOA Access Account helps provide access, convenience and financial flexibility. Our business is to support individuals and businesses – small, mid-size and large – at every stage in their lives by providing products and services that help meet their insurance, personal protection, retirement savings and estate planning needs.

Guarantees are based on the claims-paying ability of the issuing insurance company. Life insurance and annuities are issued by Equitable Life Insurance Company (NY, NY) and Equitable Life Insurance Company of America, an Arizona stock corporation with its main administrative office in Jersey City, NJ. Variable products are co-distributed by Equitable Advisors, LLC (member FINRA, SIPC) and Equitable Distributors, LLC. All companies are affiliated.

"Equitable" is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Life Insurance Company (NY, NY), Equitable Advisors, LLC and Equitable Distributors, LLC.



Policy Number(s): 6693**Provide Information about Yourself as Beneficiary. This entire section must be completed.**If the primary beneficiary is deceased, include his or her: Mr. Nikolaos J. Rantoulis and Dina Rantoulis
NameDate of Death: 04/29/2021, 06/05/2021
(mm/dd/yyyy)I am claiming as: ☒ An Individual ☐ On behalf of an Estate ☐ On behalf of a Minor
☐ On behalf of a Corporation ☐ As a Trustee ☐ Other EntityAre you the spouse of the Deceased? ☐ Yes ☒ NoIf no, your relationship to the Deceased? Daughter

- If you are submitting a claim as the SPOUSE of the Deceased, then you represent to the Company that (i) you were lawfully married to the Deceased at his/her death; and (ii) no divorce or annulment had been granted or issued to dissolve your marriage; and (iii) no marital agreement (i.e., prenuptial, postnuptial separation, property settlement or marital property agreement) precludes, prohibits or impairs your right to make this claim.
- If you are submitting this claim as a FORMER SPOUSE of the Deceased, then you represent to the Company that the terms of your divorce decree, decree of annulment or property settlement agreement do not disqualify you as a beneficiary and you have no reason to believe that you are otherwise disqualified.

Are you the sole beneficiary? ☒ Yes ☐ NoAre you a U.S. Person? ☒ Yes ☐ No (If no, W-8 BEN form is also required).Please indicate if form IRS 712 is needed for the estate tax return: ☒ Yes ☒ No ☒Your Name as Beneficiary (First, Middle Initial, Last) OR Corporation, Trust or Estate Name, if applicable
Alysha Marie TriantafillouStreet Address (if mailing address is a PO Box also supply a street address).
2644 HEMLOCK FARMSCity Loeds Valley State PA Zip Code 18428Your Date of Birth: 1988
(mm/dd/yyyy)

Social Security Number:

Federal Taxpayer Identification Number:

XXX-XX-XXXX

or

XX-XXXXXXX

Daytime Phone Number: 570-257-0149
xxx-xxx-xxxxMobile Phone Number: 914-536-2727
xxx-xxx-xxxxEmail Address: ALYSHATRIANTAFILLOU@gmail.com**Income Tax Withholding (Qualified Retirement Benefit Plans Only)**

- ☐ I elect NOT to have Federal (and state, if applicable) Income Taxes withheld on the taxable portion of my benefits.
- ☒ I elect to withhold Federal (and state, if applicable) Income Taxes from the taxable amount of my benefits.

Caution:

There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. For more information please see Publication 505, Tax Withholding and Estimated Tax, available at www.irs.gov.



DRIVER'S LICENSE

NOT FOR REAL ID PURPOSES

064

DLN [REDACTED] 4 182

DOB [REDACTED] 1988

EXP 08/08/2025

EXP 08/28/2022

1 TRIANTAFILLID
2 ALYSHA MARIE
3 100 HORSESHOE LN
2644 HEMLOCK FARMS
LORDS VALLEY, PA 18426

16 SEX: F EYES: BRO
15 HGT: 5'-08"

17 CLASS: C
18 END: NONE
19 RESTR: 1



Alysha Marie Triantafillou

DD: 221793132-763
300000014577



ORGAN DONOR



Funeral arrangement under the care of
[Yorktown Funeral Home](#)

Like 0 Share

Nikolaos Rentoulis

1955 - April 22, 2021 (66 years old)

Mahopac, New York

Nikolaos Rentoulis Obituary

It is with deep sorrow that we announce the death of Nikolaos Rentoulis of Mahopac, New York, born in Greece, New York, who passed away on April 22, 2021, at the age of 66, leaving to mourn family and friends. You can send your sympathy in the guestbook provided and share it with the family. You may also light a candle in honor of Nikolaos Rentoulis or [send a beautiful flower arrangement](#) to the funeral service.

He was loved and cherished by many people including : his parents, Ioannis Rentoulis and Thomai Rentoulis; his wife Dina; his daughters, Tammy Thanos (Aristidis) and Christina Stefanopoulos (Stefan); his grandchildren, Nikolaos, Kostantina, Antonis, John and Kaylee; his brother Peter; his sister-in-law Helen Rentoulis; and his nephews, John and Christopher.

Events

Mon
May 03

Visitation

Yorktown Funeral Home
 945 E Main St, Shrub Oak, NY 10588

Tue
May 04

Funeral mass

Greek Orthodox Church
 2195 Westchester Ave, Rye, NY 10580



Authorize the original obituary

Authorize the publication of the original written obituary with the accompanying photo.

- ☒ Allow Nikolaos Rentoulis to be recognized more easily
- ☒ Increase the accessibility of loved ones to show you their sympathy
- ☒ No advertising will be displayed on this page.



Funeral arrangement under the care of
[Yorktown Funeral Home](#)

Like 0 Share

Dina Rentoulis

1963 - June 5, 2021 (58 years old)

Mahopac, New York

Dina Rentoulis Obituary

We are sad to announce that on June 5, 2021 we had to say goodbye to Dina Rentoulis of Mahopac, New York. Family and friends can [send flowers](#) and/or light a candle as a loving gesture for their loved one. Leave a sympathy message to the family in the guestbook on this memorial page of Dina Rentoulis to show support.

She was predeceased by : her husband Nikolaos. She is survived by : her parents, Sarantos Moundroukas and Xrisoula Moundroukas; her daughters, Tammy Thanos (Aristidis) and Christina Stefanopoulos (Stefan); her grandchildren, Nikolaos, Kostantina, Antonis, John and Kaylee; her siblings, Vassa Kanakakos, Paula Moundroukas, Dino Moundroukas and Jimmy Moundroukas; and her nephews, John, Christopher, Pandelis and Kosta.

Events

Tue
June 08

Visitation

Yorktown Funeral Home
945 E Main St, Shrub Oak, NY 10588

Wed
June 09

Funeral mass

Greek Orthodox Church
2195 Westchester Ave, Rye, NY 10580



Authorize the original obituary

Authorize the publication of the original written obituary with the accompanying photo.

- ☒ Allow Dina Rentoulis to be recognized more easily
- ☒ Increase the accessibility of loved ones to show you their sympathy
- ☒ No advertising will be displayed on this page.

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ROCKLAND**

Index No. 000077-2014

In the Matter of the Application of

ALYSHA MARIE BAYER

**Petitioner,
- an Adult -**

FILED

MAY - 9 2014

**For Leave to Change Her Name to:
Alysha Marie Triantafillou**

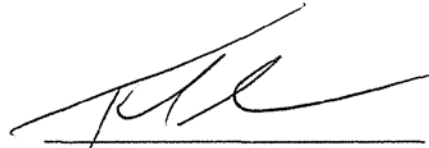
**ROCKLAND COUNTY
CLERK'S OFFICE**

STATE OF NEW YORK |
COUNTY OF ROCKLAND | SS.:

The undersigned, an attorney duly licensed to the practice of law in the State of New York, under the penalty of perjury affirms:

According to the attached affidavit sworn to by Cecilia Hernandez on May 2, 2014, the notice of the Petitioner's name change has been published within the time periods set by the Order of the Court dated April 2, 2014 and all other requirements set forth therein have been met.

Dated: New City, New York
May 9, 2014



Thomas Sassone, Esq.
Law Office of Thomas V. Sassone, P.C.
22 South Main Street
New City, NY 10956
(845) 639-4664

AFFIDAVIT OF PUBLICATION

FROM

The Journal News

CECILIA HERNANDEZ being duly sworn says that he/she is the principal clerk of The Journal News, a newspaper published in the County of Westchester and State of New York, and the notice of which the annexed is a printed copy, was published in the newspaper area(s) on the date(s) below:

Note: the code to the left of the run dates indicates the zone(s) that the ad was published. (See legend below)

ZONE
RK

DATE
04/26/2014

Signed Cecilia Hernandez

Sworn to before me

This 2nd day of May 20 14

Notary Public

LOLA M. HALL
Notary Public, State of New York
No. 01HA6112693
Qualified in Westchester County
Commission Expires July 6, 2016

FILED

MAY - 9 2014

**ROCKLAND COUNTY
CLERK'S OFFICE**

Legend:**Northern Area (AN):**

Amawalk, Armonk, Baldwin Place, Bedford, Bedford Hills, Briarcliff Manor, Buchanan, Chappaqua, Crompond, Cross River, Croton Falls, Croton on Hudson, Goldens Bridge, Granite Springs, Jefferson Valley, Katonah, Lincolndale, Millwood, Mohegan Lake, Montrose, Mount Kisco, North Salem, Ossining, Peekskill, Pound Ridge, Purdys, Shenorock, Shrub Oak, Somers, South Salem, Verplanck, Waccabuc, Yorktown Heights, Brewster, Carmel, Cold Spring, Garrison, Lake Peekskill, Mahopac, Mahopac Falls, Putnam Valley, Patterson

Central Area (AC):

Ardsley, Ardsley on Hudson, Dobbs Ferry, Elmsford, Greenburg, Harrison, Hartsdale, Hastings, Hastings on Hudson, Hawthorne, Irvington, Larchmont, Mamaroneck, Pleasantville, Port Chester, Purchase, Rye, Scarsdale, Tarrytown, Thornwood, Valhalla, White Plains

Southern Area (AS):

Bronxville, Eastchester, Mount Vernon, New Rochelle, Pelham, Tuckahoe, Yonkers
Greater Westchester (GW or LGW):

Includes Northern area, Southern area and Central area. (See details below each area)

Westchester Rockland (WR):

Includes Greater Westchester area and Rockland area.

Rockland Area (A5,AR and RK):

Blauvelt, Congers, Garnerville, Haverstraw, Hillburn, Monsey, Nanuet, New City, Nyack, Orangeburg, Palisades, Pearl River, Piermont, Pomona, Sloatsburg, Sparkill, Spring Valley, Stony Point, Suffern, Tallman, Tappan, Thiells, Tomkins Cove, Valley Cottage, West Haverstraw, West Nyack

Express (XPWR):

Amawalk, Ardsley, Armonk, Baldwin Place, Bedford, Bedford Hills, Brewster, Briarcliff Manor, Bronxville, Buchanan, Carmel, Chappaqua, Cold Spring, Cortlandt Manor, Cross River, Croton-on-Hudson, Dobbs Ferry, Eastchester, Elmsford, Garrison, Goldens Bridge, Granite Springs, Harrison, Hartsdale, Hastings, Hawthorne, Irvington, Jefferson Valley, Katonah, Lake Peekskill, Larchmont, Mahopac, Mamaroneck, Millwood, Mohegan Lake, Montrose, Mount Kisco, New Rochelle, North Salem, Ossining, Patterson, Peekskill, Pelham, Pleasantville, Port Chester, Pound Ridge, Purchase, Purdy's, Putnam Valley, Rye, Scarsdale, Shrub Oak, Somers, South Salem, Tarrytown, Thornwood, Tuckahoe, Valhalla, Waccabuc, White Plains, Yorktown Heights, Blauvelt, Congers, Garnerville, Haverstraw, Hillburn, Monsey, Nanuet, New City, Nyack, Orangeburg, Palisades, Pearl River, Piermont, Pomona, Sloatsburg, Sparkill, Spring Valley, Stony Point, Suffern, Tallman, Tappan, Thiells, Tomkins Cove, Valley Cottage, West Haverstraw, West Nyack, Mt. Vernon, Yonkers

AD# 3572307

Ad Number	Size	Start Date	End Date
3572307	24	4/26/2014	04/26/2014

Run dates: 04/26

Ad Text:

Notice is hereby given that an order entered by the Supreme Court, Rockland County, on the 2nd day of April, 2014, bearing Index Number SU-2014-000077, a copy of which may be examined at the office of the clerk located at 1 South Main Street, New City, NY 10956, grants me the right to assume the name of Alysha Marie Triantafillou. My present address is 432 J. Somerset Dr., Pearl River, NY 10965; the date of my birth is [REDACTED] 1988; the place of my birth is the Community Hospital, Town of Cortland, New York, my present name is Alysha Marie Bayer.

At an IAS Part of the Supreme Court of
the State of New York, held in and for
the County of Rockland, at 1 South Main
Street, New City, NY 10956, on the
2nd day of April, 2014.

Present: Hon. HON. VICTOR J. ALFIERI, JR., AJSC

Index. No. SU-2014-000077

In the Matter of the Application of

ALYSHA MARIE BAYER,
Petitioner
- an Adult -

ORDER

for Leave to Change Her Name to:

Alysha Marie Triantafillou

Upon the petition of ALYSHA MARIE BAYER, verified the 16th day of January, 2014,
praying for leave to change her name from ALYSHA MARIE BAYER, to ALYSHA MARIE
TRANTAFILLOU, and the court being satisfied thereby that the petition is true and that there is
no reasonable objection to the change of name proposed,

NOW on the motion of Thomas Sassone, Esq., attorney for the petitioner, it is

ORDERED, that the petitioner, ALYSHA MARIE BAYER, having been born at
Community Hospital, Town of Cortland, County of Westchester, State of New York on the [REDACTED]
day of [REDACTED] in the year 1988, Birth Certificate # 131-1988-097146 is hereby authorized to
assume the name ALYSHA MARIE TRIANTAFILLOU in place of her present name upon
compliance with the provisions of this order, and it is further

ORDERED, that this order shall be entered and the papers on which it was granted be filed, prior to the publication herein directed, in the office of the Clerk of the County of Rockland, wherein petitioner resides, and it is further

ORDERED, that at least once within sixty days after the making of this order, a notice in substantially the following form, shall be published in the Rockland Journal News :

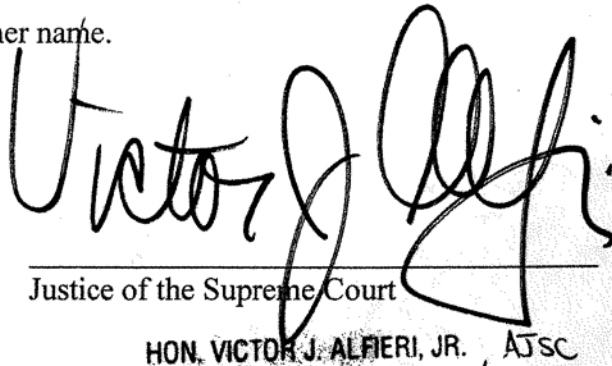
Notice is hereby given that an order entered by the Supreme Court, Rockland County, on the 2nd day of April, 2014, bearing Index Number SA-2014-000077, a copy of which may be examined at the office of the clerk located at 1 South Main Street, New City, NY 10956, grants me the right [REDACTED] to assume the name of Alysha Marie Triantafillou. My present address is 432 J. Somerset Dr., Pearl River, NY 10965; the date of my birth is [REDACTED] 1988; the place of my birth is the Community Hospital, Town of Cortland, New York, my present name is Alysha Marie Bayer.

and it is further

ORDERED, that within ninety days of the making of this order, an affidavit of publication as herein directed shall be filed in the office of the clerk of the County of Rockland, and it is further

ORDERED, that upon full compliance with the above provisions of this order, the petitioner shall be known by the name ALYSHA MARIE TRIANTAFILLOU, which she is hereby authorized to assume and by no other name.

ENTER:


Justice of the Supreme Court
HON. VICTOR J. ALFIERI, JR., AJSC

Statement of Surviving Children

Please complete and sign the following statement listing the names, dates of birth, social security numbers and addresses of all children. Include information on additional children on a separate paper.

Policy No: 6693
 Insured: IOANNIS P. TRIANTAFILLOU

I, Alysha Marie Triantafillou, hereby certify that at the death of the Insured, the following were all the surviving children born to the insured, including legally adopted children:

1. Alysha Marie Triantafillou Date of birth: 1998
 2644 Hemlock Farms Relationship: Daughter
 Lordsburg, PA 18428 Social Security No. [REDACTED]
 City/State/Zip Code
2. _____ Date of birth: _____
 Name _____ Relationship: _____
 Street Address _____ Social Security No. _____
 City/State/Zip Code _____
3. _____ Date of birth: _____
 Name _____ Relationship: _____
 Street Address _____ Social Security No. _____
 City/State/Zip Code _____
4. _____ Date of birth: _____
 Name _____ Relationship: _____
 Street Address _____ Social Security No. _____
 City/State/Zip Code _____

Alysha M. Triantafillou
 SIGNATURE OF CLAIMANT

01/18/2023
 Date